REQUEST FOR PATENT FEE REFUND					
1 Date of Request: 2111/97 2 Serial/Patent # 08/894766					
3 Please refund the following fee(s):		4 PAF	PER IBER	5 DATE L FILED	6 AMOUNT
V	Filing		1	200 SB	\$ 6500
	Amendment		8	7,4	\$
	Extension of Time				\$
	Notice of Appeal/Appeal				\$
ممعد	Petition				\$
•	Issue				\$
	Cert of Correction/Terminal Disc.				\$
	Maintenance				\$
	Assignment				\$
	Other				\$
	LAW Offices of KACI HOTMAN- Sparks Street Manner Cambrisc MA 138-2216		TAL A	\$ 6500	
Canbrid MA - 221/a		8 TO SE REFUNDED BY:			
10 REASON:		Treasury Check			
V	Overpayment		С	redit Dep	osit A/C #:
	Duplicate Payment		9		
	No Fee Due (Explanation):				
11 REFUND REQUESTED BY:					
TYPED/PRINTED NAME:QOY					
signature:					
OFFICE:  ###################################					
APPROVED: DATE:					

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room \$02B